

State of Rhode Island - July 1, 2016 Comparison of Pre-65 Retiree Health Plans

Retirees under the age of 65 and not eligible for Medicare may elect one of two plans: the Early Retiree Plan or the Value Plan. The differences for network coverage are described below. For details on the non-network benefit, please go to www.employeebenefits.ri.gov and select the "Retiree Health" button on the left.

Plan Options	Early Retiree Plan	Value Plan
Monthly Premium	\$1,041.39 individual, \$2,897.49 family	\$654.56 individual, \$1,835.03 family
Annual Deductible	\$250 individual, \$500 family ((\$500 deductible is cumulative, any family members combined can satisfy the \$500.)	\$2,000 individual, \$4,000 family
Out-of-Pocket Maximum In-Network Per Plan Year	\$250 individual, \$500 family (deductible and medical copays count toward this annual maximum.)	\$4,000 individual, \$8,000 family (excluding deductible)
	Network copays/co-insurance	Network copays/co-insurance
Ambulance-Emergency Ground	\$0	30% after deductible is met
Air	\$0 up to \$3,000	30% after deductible is met
Chiropractic Treatment	\$25, up to 12 visits/year	\$35, up to 24 visits/year
Dental Services - Accident only	\$0 after deductible is met	30% after deductible is met
Durable Medical Equip. Inpatient	\$0 after deductible is met	30% after deductible is met
Outpatient	\$0 after deductible is met	30% after deductible is met
Benefit limit	None	\$2,500 per calendar year
Emergency Health Services	\$125	\$150
Home Health Care	\$0 after deductible is met	30% after deductible is met 6 Physician visits/month, 3 nursing visits/week and 20 hrs of home health aide visits per week
Hospice Care	\$0 after deductible is met	30% after deductible is met 360 days lifetime maximum
Hospital Inpatient Stay	\$0 after deductible is met	30% after deductible is met
Injections in Physician Office	\$0 after deductible is met	\$35
Maternity Services	\$15 Global Maternity co-pay	\$35 Physician co-pay first visit only
Outpatient Services Surgery, CT scans, PET scans, MRI and Nuclear Treatment	\$0 after deductible is met	30% after deductible is met
Physician's Office Visits Preventive Care	\$15 Primary Care/\$25 Specialist \$0	\$35 \$0
Rehabilitation Services		
Physical Therapy	0% after deductible is met	\$35 per visit, 20 visits per year
Occupational Therapy	\$0 after deductible is met	\$35 per visit, 20 visits per year
Speech Therapy	\$0 after deductible is met	\$35 per visit, 20 visits per year
Cardiac Rehabilitation	\$0 after deductible is met; 3 visits/week, up to 12 weeks	\$35 per visit, 36 visits per year
Skilled Nursing Facility	\$0 after deductible is met	30% after deductible is met up to 60 days/calendar year
Transplant Services	\$0 after deductible is met	30% after deductible is met
Urgent Care Center	\$50	\$50
Diabetes Education	\$25	\$35
Mental Health & Substance Abuse	Outpatient \$15 Inpatient \$0 after deductible	\$35 30% after deductible is met
Prescription Drug Benefit	\$7/25/45	\$10/30/50

